**An Experimental Contribution on the Formation of Venous Capillaries in the Kidney.**—ISOBE (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1912, xxv, 415), in a previous paper, studied the formation of the arterial capillaries in the kidney after implanting a portion of the omentum in a wound made in the kidney, or after surrounding a decapsulated kidney with omentum. In the venous experiments, which were done chiefly on rabbits, after a variable period following the attachment of the omentum to the kidney, the renal vein of that kidney was divided between double ligatures close to its entrance into the inferior cava, and finally the opposite kidney was extirpated. After the death of the animal the vessels were studied chiefly from the effects of venous stasis. The normal collateral venous capillaries are too scanty, at least in rabbits, to permit a compensation for the stasis in the kidney produced by ligature of the renal vein and a reestablishment of the circulation. Not one of the animals survived extirpation of one kidney with ligation of the vein of the other kidney and attachment of omentum to it after decapsulatation. When the decapsulated kidney was surrounded by omentum, the venous capillaries became more distinct than in the normal, so that the intense stasis of the cortical substance is quickly compensated for and the renal elements return to their normal condition in a short time, even when the medullary substance is mostly degenerated. In favorable cases, in which the collateral vessels are very well developed, complete restitution may follow, so that the animal tolerates well the extirpation of the opposite kidney. After implantation of the omentum into the nephrotomized kidney, the collateral venous anastomoses between the omentum and kidney are produced incomparably more quickly and abundantly than after decapsulation and surrounding the kidney with omentum. Thus not only the cortical substance but the medullary, fifteen days after the ligature of the renal vein, show their normal characteristics and the animal, notwithstanding the short time between the first and second operations or between the second and third operations, tolerates easily the extirpation of the other kidney. This cannot be said of the animal in which the kidney has been decapsulated and surrounded by omentum. In Isobe's opinion, the decapsulation and the surrounding of the kidney with omentum, still more the implantation of the omentum into the nephrotomized kidney, is a more effective operation for ascites than the Talma-Drummond operation, because the venous collateral anastomosis in the latter, between the omentum and the peritoneum poor in vessels, will not produce as good results as that between the omentum and the kidney which is very rich in vessels. A short time before a colleague employed the method and obtained a very considerable diuretic effect.

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**The Treatment of Gastroptosis by a Wedge-shaped Resection of the Pars Media of the Stomach.**—SCHLESINGER (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1912, xxv, 527) says that operation for gastroptosis today is frequently not undertaken because the condition is looked upon only as a part of a general enteroptosis and because the correction of it alone can accomplish little. Further, the usually employed artificial elevation of the stomach does not remove the conditions accompanying ptosis, especially not the dilatation and atony, and finally the actual good results from the known operative methods are minimal and of short duration. He objects to the Rovsing operation particularly because of the adhesions between the stomach and anterior abdominal wall, which cause pain and interference of function. His objection to the Beyea operation, which elevates the stomach by shortening of the gastro-hepatic omentum, because of the failure of the thin, friable lesser omentum to hold the sutures, and the tendency of the shortened omentum to stretch again under the weight of the stomach. He excised a portion of the pars media with the purpose of bringing the stomach back to its normal size and shape. He says that among the gastroptoses are a small number of advanced cases, which resist all internal therapy. When careful clinical observations show that the essential symptoms are actually gastric and are not due to the general asthenia, and when the disturbances are very severe and are not relieved after years of continuous internal therapy, then operative treatment is indicated. The operation proposed by Schlesinger is particularly indicated, because it gives rise to no adhesions. The wedge-shaped resection of the pars media of the stomach, which is most affected by the atony and is therefore functionally the weakest, accomplishes the purpose best, and removes about a third of the stomach, By the removal of this almost inactive portion, the emptying of the stomach will be much improved and the pressure on the transverse colon, which is the chief cause of the obstinate constipation, will be removed. The stomach itself will be restored to almost its normal working condition, and simultaneously the other abdominal organs which suffer from the unusual displacement of the stomach or from the traction on it, will be brought into more favorable relations. By observing the proper indications complete removal of the gastric disturbances is possible without causing other disadvantages.

## THERAPEUTICS

UNDER THE CHARGE OF

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**The Treatment of Leukemia and Pseudoleukemia with X-rays.**—Stengel and Pancoast (*Jour. Amer. Med. Assoc.*, 1912, lix, 1166) have observed the effect of $x$-ray treatment on over 40 cases of leukemia. The first 2 of these were treated throughout by the older method of directing the applications mainly or entirely to the enlarged spleen, before the adoption of the present technique. The results were the usual unsatisfactory and disappointing ones. In the other cases the present technique, that of directing the radiation primarily to the bones, has been employed throughout, with a few exceptions.